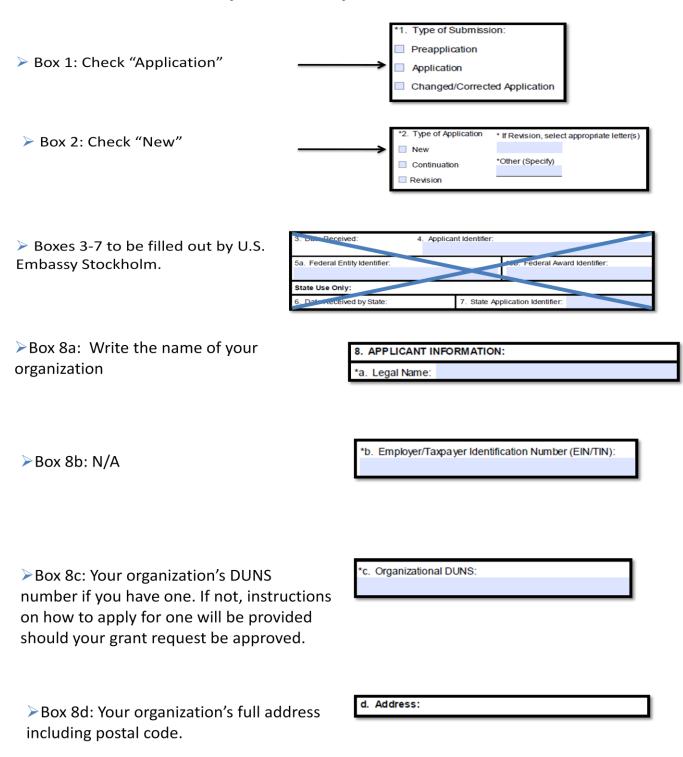
Instructions for organizations for the SF-424 Application Form

Please check all boxes or enter information in all fields apart from the ones marked "To be filled out by U.S. Embassy Stockholm."



➤ Box 9: To be filled out by U.S. Embassy Stockholm

Application for Federal Assistance SF-424

*9. Type of Applicant 1: Select Applicant Type:

A. State Government

Type of Applicant 2: Select Applicant Type:

A. State Government

Type of Applicant 3: Select Applicant Type:

A. State Government

*Other (Specify)

➤ Box 10: Write "Department of State, U.S. Embassy Stockholm"

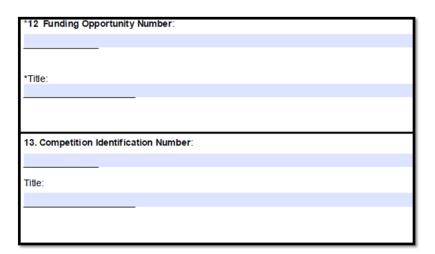
*10 Name of Federal Agency:

➤ Box 11: To be filled out by U.S. Embassy Stockholm

Tr. Cutolog of Federal Domestic Assistance Number:

CFDA Title:

➤ Boxes 12 and 13: If you are applying for a solicited grant, please include the Funding Opportunity Number and the Competition Identification Number, which are listed in the request for proposals. If you are applying for an unsolicited grant, please leave blank.



➤ Boxes16 a. and b.: U.S. applicants please complete. Foreign applicants please leave blank.

16. Congressional Districts Of:

*a. Applicant:

*b. Program/Project:

▶Box 18: Please provide an estimation of the			
requested funds in U.S. Dollars. If funds should be provided in SEK, please indicate that and the amount on the supplementary grant budget form.	18. Estimated Funding	(\$):	_
➤ Box 18a: List here the amount requested from U.S. Embassy Stockholm	*a. Federal		
➤ Box 18b: List here any funding contribution being made from applicant funds	*b. Applicant		
➤Box 18c & d: N/A	*c. State *d. Local		
➤ Box 18e: List here any funding expected from other partners	*e. Other		
Trom other partiters			
➤ Box 18f: List here any revenues expected	*f. Program Income		
from the sales of tickets or other sources directly related to the project or event.			
➤ Box 18g: List here the total amount (boxes a through f)	*g. TOTAL		

]

➤ Boxes 19-20: To be filled out by U.S. Embassy Stockholm.

*19. Is Optimization Subject to Review By State Under Executive Order 12372 Process?
a. This application was made available to the State under the Executive Order 12372 Process for review on
□ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
c. Program is not covered by E. O. 12372
*20. Is the Applicant Primquent On Any Federal Debt? (If "Yes", provide explanation.)

➤ Box 21: Check "I AGREE" and please sign and enter all of the requested information.

** I AGREE The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or gency specific instructions	21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)	to comply
		ement or